Commonwealth of Massachusetts Human Resources Division (HRD) Deputy Fire Chief, and District Fire Chief Promotional Exams Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. This form must be submitted no later than 7 calendar days after the exam with a deadline of May 20, 2017. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@state.ma.us</u> no later than May 20, 2017. <u>Applicants who are claiming the 25-Year Promotional Preference</u>: This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of May 13, 2017 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward one's eligibility for this preference. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification.

| | Last 4 digits of Social Security #: Exam Title: | |
|---|--|--|
| I. PERMANENT SERVICE List Date of Original Permanent Appo List Dates and Reasons for any breaks | | |
| | | of Promotion: |
| III. RESERVE/INTERMITTENT, | | |
| A) List Service From May 13, 2012 | To May 13, 2017. | |
| Rank: | Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, | <u>Dates of Service Timeframe:</u> (From – To) |
| (Example: Temp Deputy Chi | | (12/1/2012–03/20/2014) |
| B) List Service From May 13, 2005 | | |
| Rank: | Total # of Hours: (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include amount & the word "Hrs".) | <u>Dates of Service Timeframe:</u> (From – To) |
| (Example: Acting Captain | FT | (7/12/2005 – 9/1/2007) |
| | | |
| | plicant's eligibility for the 25- | Temporary Firefighter after certification Year Promotional Preference. Please |
| Print Name of Appointing Authority | y (or designee): Title of Designee: | |
| Signature of Appointing Authority (| or designee): | Date: |